

APPLICATION TO PURCHASE INURNMENT IN COLUMBARIUM
(Please Type or Print Clearly – Separate Application Required for Each Person’s Cremains)

Full Name of Applicant:

Mailing Address:

Telephone: (_____) _____ E-Mail Address: _____

Name of Person who will be inurned:

Relationship to Applicant:

Terms of Purchase:

Full Payment of _____ submitted with Application.

The Applicant agrees that the Right of Inurnment is subject to the Columbarium Rules, Policies and Regulations governing operation of the Columbarium as now existing and as they may be amended in the future are a part of this Application for all purposes and acknowledges receipt of a copy of the existing Rules, Policies and Regulations.

Applicant Signature:

Application Received by: _____

Date: _____